setting that is innovative and difficult to duplicate. Based upon these findings, VA will maintain all current services at the White City SORCC.

While the Secretary will not consider transfer of services at White City at this time, VA will pursue opportunities to reduce the footprint of the campus. To ensure that VA makes the most effective use of existing buildings and land, VA will develop a Master Plan for the White City campus. The plan will propose an efficient, cost-effective, and appropriately sized infrastructure design that will reduce vacant and underused space on the campus. It also will consider enhanced use lease opportunities. VA will also ensure that any plan for alternate use or disposal of VA property serves to enhance the Department's mission.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this planning process and will continue to work closely with its stakeholders to ensure that development and implementation of the Master Plan is managed effectively.

VA will complete the Master Plan by the end of 2004 (Reference - Excess VA Property: Crosscutting).

CARES Commission Recommendation

Small Facility and Campus Realignment Walla Walla VAMC

- The Commission concurs with the DNCP proposal to close the Walla Walla VAMC and, where appropriate, contract for acute inpatient medicine and psychiatry care and nursing home care in the Walla Walla geographic area.
- The Commission concurs with the DNCP proposal to maintain outpatient services and recommends that outpatient care be moved off the Walla Walla VAMC campus after inpatient services have been relocated.

Secretary's Decision

III Small Facility and Campus Realignment Walla Walla VAMC

The Walla Walla campus includes 88 acres of land and 28 buildings from the Fort Walla Walla period of 1858 to 1947. Fifteen of the buildings are listed on the historic register and six remain in use for patient care and support. The Walla Walla VAMC currently provides inpatient medicine, psychiatric, and nursing home care services as well as outpatient care. The buildings on the campus are aging, unsuitable for patient care, and require significant renovations to correct deficiencies, including the need for seismic upgrades and lead-based paint removal.

After considering the Commission's recommendations, the Secretary determined that further study is required. Accordingly, the Secretary will commission a comprehensive study to determine how to improve the environment of care in Walla Walla, while maximizing use of VA resources. The study will evaluate the demand for health care against the availability of care in the community and patient safety concerns as well as consider the limitations and substantial costs of maintaining an aging and expensive medical center campus for a current total inpatient and nursing home average daily census of 53. The study will examine multiple options and will include the potential for partnership with community and private sector organizations to provide nursing home and psychiatric inpatient care to veterans in the community. VA will consider options for moving into a more modern and efficient infrastructure designed to provide quality patient care.

The study will take into account the fact that the existing campus is much larger than needed to provide VA medical care and consumes scarce resources that could be better applied to meeting veterans' needs. The study will identify the appropriate physical resources needed for VA's mission and identify options to divest or lease excess property to generate revenues that could be applied to VA's health care mission.

VA will ensure veterans have continued access to quality care as it conducts the study and implements the study's recommendations. Particular sensitivity will be devoted to the clinical and psychosocial needs of nursing home and psychiatric inpatients. While VA conducts the study, the mission of the Walla Walla campus will remain unchanged.

In considering alternative uses for the Walla Walla campus, VA will ensure that any decision on disposal or reuse of excess VA property serves to enhance the Department's mission. As VA moves forward with this study, it is committed to minimizing any impact on patients, employees, and the community and will work closely with its stakeholders to ensure that this study, and its ensuing implementation, are managed effectively.

The study will be submitted to the Secretary no later than January 1, 2005 (Reference - Contracting for Care, Excess VA Property: Crosscutting).

CARES Commission Recommendation

N Small Facility Roseburg VAMC

The Commission concurs with the DNCP proposal on converting surgical beds to 24-hour surgical observation beds at Roseburg.

Secretary's Decision

W Small Facility Roseburg VAMC

VA will convert surgical beds to 24-hour surgical observation beds at the Roseburg VAMC.

CARES Commission Recommendation

Inpatient Care

The Commission concurs with the DNCP proposal to move 15 inpatient beds from American Lake to Madigan Army Medical Center.

Secretary's Decision

VA will transfer 15 inpatient beds from the American Lake VAMC to the Madigan Army Medical Center, freeing up 8,500 square feet of space at American Lake to meet primary care demand (*Reference - VA/DoD Sharing: Crosscutting*).